

Effective December 8, 2004

Application or Docket Number

10/518362

| CLAIMS AS FILED - PART I (Column 1) (Column 1) | | | | | | | | SMALL ENT TYPE | TTY | OR | OTHER THAN SMALL ENTITY | | |
|--|--|---|--|--------------------------------|--|------------------|---|---------------------|------------------------|----|----------------------------|------------------------|--|
| U.S. NATIONAL STAGE FEES | | | | | | | | RATE | FEE | 1 | RATE | FEE | |
| BASIC FEE | | | SMALL ENT. | = \$ 150 | LARGE ENT. = \$ 300 | | | BASIC FEE | | OR | BASIC FEE | 566 | |
| EXAMINATION FEE | | | Satisfies PCT Ar (4) = \$ 50 | /\$100 | All other situations = \$ 100 / \$ 200 | | | EXAM. FEE | | | EXAM. FEE | 20) | |
| SEARCH FEE | | | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | ıntries = | All other situations = \$ 250 / \$ 500 | | | SEARCH FEE | | | SEARCH FEE | 400 | |
| FEE FOR EXTRA SPEC. PGS. | | | (DS minu | us 100 = | / 50 = | | | X \$ 125 = | | | X \$ 250 = | TSO. | |
| TOTAL CHARGEABLE CLAIMS | | | 15 mir | nus 20 = | • | | | X \$ 25 = | | OR | X \$ 50 = | | |
| IND | EPENDENT CL | AIMS | B m | inus 3 = | · 5 | | | X \$ 100 = | | OR | X \$ 200 = | (800 | |
| MUL | TIPLE DEPEN | DENT CLAIM PRE | ESENT | | | | | + \$ 180 = | | OR | + \$ 360 = | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTAL | | OR | TOTAL | | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL ENTITY | | | OTHER THAN SMALL ENTITY | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIC PAID | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | | |
| TOTAL ADDIT. FEE | | | | | | | | | | OR | TOTAL ADDIT. FEE | | |
| | (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| S | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIC PAID | EST BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | | |
| | | | | | | | - | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | | |
| | | | | | | | | | | | | | |

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.